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| 05-11-23 | Procedure Codes | 2,8,11 | <ul style="list-style-type: none"> Added “GT” modifier/description |
| | | 13 | <ul style="list-style-type: none"> Added codes and modifiers available for Developmental Evaluation Centers |
| 05-11-23 | 3 | 7 | <ul style="list-style-type: none"> Added DEC neurodevelopmental assessments and psychological evaluation services via telehealth. |
| | 4 | 11 | <ul style="list-style-type: none"> Added therapy services available via telehealth |
| 05-11-23 | Admin. and Billing manual | 7 | <ul style="list-style-type: none"> Added to Provider Enrollment requirements that providers must “Be located within the South Carolina Medical Service Area (SCMSA), which is defined as the State of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina State border as detailed in South Carolina Code of Laws, Section 44-6-110.” |
| | | 10, 11 | <p>Added section related to clinical trials.</p> |
| 05-11-23 | Appendix 3 | 1,2 | Added language referencing ARPA requirements around COVID-19 copayments |
| 05-01-23 | Appendix 2 | | Updated Carrier Codes |
| 03-01-23 | 4 | 9,10 | <ul style="list-style-type: none"> Updated language to clarify the Initial and Re-evaluations may occur on the same date of service as treatment as part of the development of the Individual Treatment Plan (ITP) |
| | 6 | 24 | <ul style="list-style-type: none"> Added a section on the Differentiation of Sign-Off times for Clinical Service Notes and Reports |
| | 6 | 23,24 | <ul style="list-style-type: none"> For consistency, clarified that Clinical service notes may include billable services other than |

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| | | | those only for treatment, for example, the services could be for Initial, or Re-evaluation. |
| 01-01-23 | Appendix 2 | | Updated Carrier Codes |
| 10-01-22 | Appendix 2 | | Updated Carrier Codes |
| 08-01-22 | Appendix 2 | | Updated Carrier Codes |
| 05-01-22 | Appendix 2 | | Updated Carrier Codes |
| 03-01-22 | Program Overview | 1-2 | Removed Specific SLP services, PT services and OT services. |
| 03-01-22 | Eligible Providers | 5 | Added “email” to method of contact by a supervisor based on LLR regulations. |
| 03-01-22 | Eligible Providers | 5 | Updated “readily available” definition to be either in person or by telecommunications or by electronic means. |
| 03-01-22 | Covered Services and Definitions | 11 | Combined Individual and Group Speech Therapy to remove duplicate language. |
| 02-01-22 | Admin. & Billing Manual | 23 | Added the following paragraph: “When submitting documents for claims, Providers must follow the specific guidelines outlined within each Provider Manual to ensure that the correct documentation and signature is provided.” |
| 01-01-22 | Appendix 2 | | Updated Carrier Codes |
| 01-01-22 | TPL | 3 | Under “Cost Avoidance vs. Pay & Chase”, Medicaid no longer covers Pay & Chase for prenatal claims and claims related to child enforcement policies; therefore, this information was removed. |
| 01-01-22 | Admin. & Billing Manual | 31 | Under “Health Insurance”, Maternal Health was deleted and (after 100 days) was added. |
| 11-01-21 | Appendix 2 | | Updated Carrier Codes |

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| 11-01-21 | 4 | | The frequency was corrected for PT and OT re-evaluations to show 2 every 12 months. |
| 10-01-21 | Appendix 1 | | Added Edit Codes 607 & 608 to the Appendix |
| 09-01-21 | Forms | | The Electronic Funds Transfer (EFT) was removed. |
| 08-01-21 | Appendix 2 | | Updated Carried Codes that were effective 6-1-21. |
| 07-01-21 | Manual Homepage | | Updated Managed Care Supplement |
| 07-01-21 | Admin. & Billing Manual. | 50,51 | Tapes, Diskettes, CDs and Zip files were deleted as a means of filing claims directly to SCDHHS. |
| 04-20-21 | Appendix 2 | | Updated Carrier Codes |
| 01-21-21 | Appendix 2 | | Updated Carrier Codes |
| 12-1-20 | | 23 | Updated wording to Clinical service notes. |
| 11-1-20 | Appendix 2 | | Updated Carrier Codes |
| 10-15-20 | | 5 | Updated policy language in the Provider Administrative and Billing Manual regarding "Claims for Medicaid Reimbursement." |
| 9-18-20 | | | Updated the TPL supplement document |
| 9-18-20 | | 25 | Provider Administrative & Billing Manual. Updated the "Disclosure of Information by Provider" |
| 07-15-20 | Appendix 1 | | Added new edits 291 and 791. |
| 06-30-20 | Appendix 2 | | Updated Carrier Codes |
| 05-01-20 | Appendix 2 | | Updated Carrier Codes |
| 05-01-20 | | | A link was added to the homepage of each individual manual to access "Co-Payments." |

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| 03-30-20 | | | As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks. |
| 10-31-19 | Appendix 1 | 62 | Added new edit code 882 |
| 08-29-19 | Appendix 2 | | Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes. |
| 08-23-19 | Appendix 1 | 66 | Updated resolution for edit code 901 |
| 08-14-19 | | | For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals." |
| 08-01-19 | Forms | | Uploaded New Electronic Funds Transfer (EFT) Form |
| 07-02-19 | Appendix 1 | 33 | Updated CARC for edit code 636 |
| 07-02-19 | Forms | - | Updated EFT form |
| 07-01-19 | 1,3,5 | | Replaced with New Provider Administrative and Billing Guide |
| 07-01-19 | Appendix 1 | 55,61,66 | Added new edit 870. Update edit codes 839 and 901 |
| 04-01-19 | 1 | 35 | Updated Prepayment Reviews |
| 04-01-19 | Appendix 1 | 56 | Updated edit codes 906 and 907 |
| 03-01-19 | 2 | 23-24 24 24-25 25 26 26-27 27 28 | Updated the following subsections: <ul style="list-style-type: none"> • Pure Tone Audiometry • Audiological Evaluation • Tympanometry (Impedance Testing) • Acoustic Reflex Testing; Threshold • Auditory Evoked Potentials; Comprehensive • Hearing Aid Examination and Selection • Hearing Aid Check • Evaluation of Auditory Rehabilitation Status |
| 03-01-19 | Appendix 2 | - | Updated carrier codes |

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| 01-01-19 | 2 | 18 19 26 29 30 33 34 | Updated procedure code descriptions in the following sections: <ul style="list-style-type: none"> • Individual Speech Therapy • Group Speech Therapy • Cochlear Implant • Individual Physical Therapy • Aquatic Therapy, Physical Therapy Services • Individual Occupational Therapy • Aquatic Therapy, Occupational Therapy Services |
| | 4 | 2 2 4 6 6 6 7 7 8 | Updated procedure code descriptions in the following sections: <ul style="list-style-type: none"> • Individual Speech Therapy • Group Speech Therapy • Cochlear Implant • Physical Therapy Evaluation • Individual Physical Therapy • Individual Aquatic Therapy, Physical Therapy Services • Occupational Therapy Evaluation • Individual Occupational Therapy • Individual Aquatic Therapy, Occupational Therapy Services |
| 12-01-18 | Appendix 2 | - | Updated carrier codes |
| 11-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-18 | Appendix 1 | 55-56 | Updated edit codes 906 and 907 |
| 10-01-18 | Appendix 1 | 44, 55-56, 64-65 | Updated edit codes 820, 906, 907, and 977 |
| 08-06-18 | 1 | 25 | Updated Premium Payment Project |
| 08-06-18 | TPL Supplement | 17-18 | Updated TPL Resources |
| 08-01-18 | Appendix 2 | - | Updated carrier codes |

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| 08-01-18 | Managed Care Supplement | - | Updated entire section |
| 07-01-18 | 3 | 31-32 32 | <ul style="list-style-type: none"> Updated Retro Health Insurance Updated Retro Medicare |
| 07-01-18 | Appendix 1 | 3, 37, 42, 45, 52-57, 70, 73 48 66-67 | <ul style="list-style-type: none"> Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952 Updated CARC for 786 Updated Resolution for 906 and 907 |
| 07-01-18 | TPL Supplement | 15-16 17 | <ul style="list-style-type: none"> Updated Retro Health and Pay & Chase Updated TPL Resources |
| 06-01-18 | 2 | 6-7 | Updated Procedural and Diagnostic Coding |
| 05-01-18 | Forms | - | Updated Claim Reconsideration Form |
| 05-01-18 | Appendix 2 | - | Updated carrier codes |
| 02-01-18 | Forms | - | Updated Health Insurance Information Referral Form (DHHS Form 931) |
| 02-01-18 | Appendix 2 | - | Updated carrier codes |
| 12-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-17 | Appendix 2 | - | Updated carrier codes |
| 10-01-17 | Appendix 1 | 3 | Added new edit code 063 |
| 09-01-17 | Forms | - | Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms |
| 08-01-17 | 5 | 4 | Corrected formatting |
| 08-01-17 | Appendix 2 | - | Updated carrier codes |
| 06-01-17 | Forms | - | Updated Claim Reconsideration Form |

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| 06-01-17 | Appendix 2 | - | Updated carrier codes |
| 05-01-17 | Appendix 1 | - | Updated Provider Service Center Hours of Operation |
| 03-01-17 | Forms | - | Updated Claim Reconsideration Form |
| 02-01-17 | 4 | 6-11 | Updated Physical and Occupational Therapy Services Table |
| 02-01-17 | Appendix 2 | - | Updated carrier codes |
| 01-01-17 | 2 | 28-29 34-35 | Updated the following sections: <ul style="list-style-type: none"> Physical Therapy Evaluation Occupational Therapy Evaluation |
| 01-01-17 | 4 | 6-9 | Updated Physical and Occupational Therapy Services Table |
| 12-01-16 | 3 | 7 | Updated Diagnostic Codes |
| 12-01-16 | Forms | - | Updated Claim Reconsideration Form |
| 11-01-16 | 3 | 7 15 | <ul style="list-style-type: none"> Updated Modifiers Updated CMS-1500 Form Completion Instructions, field 24D |
| 11-01-16 | Appendix 2 | - | Updated carrier codes |
| 10-01-16 | 1 | 5-6 | Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section |
| 09-01-16 | Appendix 1 | 67 | Updated edit code 979 |
| 09-01-16 | Appendix 2 | - | Updated carrier codes |
| 08-01-16 | 1 | 2, 4, 5, 24, 27 | Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards |
| 08-01-16 | Appendix 1 | 22, 23, 66 | Updated edit codes 527, 532, and 965 |
| 07-01-16 | Appendix 1 | 3, 65 | Updated edit codes 062 and 974 |

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| 06-01-16 | 5 | - 1 3 | <ul style="list-style-type: none"> Updated hyperlinks throughout section Updated Administration section Updated Procurement of Forms section |
| 06-01-16 | Appendix 1 | 44 3, 14, 29, 30, 63 | Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958 |
| 05-01-16 | Appendix 1 | 6, 63, 67 | Updated edit codes 150, 953, 989, 990 |
| 05-01-16 | Appendix 2 | - | Updated carrier codes |
| 04-01-16 | Managed Care Supplement | 18-19 | Replaced sample MCO cards |
| 03-01-16 | Appendix 1 | 19, 23 | Added edit codes 450 and 532 |
| 02-01-16 | 1 | - | <p>Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals:</p> <ul style="list-style-type: none"> South Carolina Medicaid Program <ul style="list-style-type: none"> Program Description SC Healthy Connections Medicaid Card(s) Records/Documentation Requirements <ul style="list-style-type: none"> General Information Signature Policy Medicaid Program Integrity <ul style="list-style-type: none"> Program Integrity Appeals |
| 01-01-16 | 1 | 19 | Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits |
| 01-01-16 | Appendix 1 | 21 | Added edit code 527 |
| 12-01-15 | Cover | - | December 1, 2015 - Replaced manual cover |
| 11-01-15 | Appendix 1 | 19, 44-47 | <ul style="list-style-type: none"> Revised edit code 507, 821, 837, 838, 839 |
| 10-01-15 | 1 | 7 10 | <ul style="list-style-type: none"> Updated to add SCDHHS alerts Updated Provider Participation |

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| 10-01-15 | Appendix 1 | 1 1 All 4, 20, 23, 27, 43 | <ul style="list-style-type: none"> Updated general instructions Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System <ul style="list-style-type: none"> Added note to general instructions Replaced ICD-9 with ICD-CM throughout section Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792 |
| 09-01-15 | 2 | 6,7 | Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System |
| 09-01-15 | 3 | 6-7 13-14 21 | <ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System: <ul style="list-style-type: none"> Diagnostic Codes CMS-1500 Claim Form Completion Instructions, field 21 Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool |
| 09-01-15 | Appendix 1 | 5, 14 | <ul style="list-style-type: none"> Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System |
| 07-01-15 | Appendix 3 | 1-2 | Updated Copayment Schedule |
| 06-01-15 | 3 | 6 | <ul style="list-style-type: none"> Updated Diagnostic Codes |
| 03-13-15 | 3 | 12 22 | <ul style="list-style-type: none"> Updated CMS-1500 Claim Form Completion Instructions Updated SC Medicaid Web-based Claims Submission Tool (Web Tool) |
| 03-13-15 | 5 | 1 | <ul style="list-style-type: none"> Updated Administration Updated Correspondence and Inquiries |

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| 03-01-15 | Appendix 2 | | Updated carrier codes |
| 01-01-15 | Forms | | Updated Claim Reconsideration form |
| 12-01-14 | 1 | 9, 10 | Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals |
| 12-01-14 | 3 | 2-4 25-26 | Added the following policies: <ul style="list-style-type: none"> • Copayment • Claim Reconsideration |
| 12-01-14 | Forms | | Added Claim Reconsideration form |
| 12-01-14 | Appendix 1 | 6, 50 | Updated edit codes 121 and 839 |
| 12-01-14 | Appendix 3 | 1-2 | Added to manual |
| 12-01-14 | Managed Care Supplement | 2 | Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals |
| 11-01-14 | Appendix 1 | 70 | Updated edit code 989 |
| 10-01-14 | 1 | 33-34 | Updated Medicaid Beneficiary Lock-In Program |
| 10-01-14 | Appendix 1 | 3, 31, 36, 48-49, 61 46 | <ul style="list-style-type: none"> • Updated edit code 079, 637, 719, 820, 821, 908, 909 • Added new edit code 790 |
| 09-01-14 | 5 | 1 | Remove language related to the county office listing |
| 08-01-14 | 1 | 6 | Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup |
| 08-01-14 | Appendix 1 | 51, 69 24, 48-51, 58 | <ul style="list-style-type: none"> • Deleted edit codes 845 and 969 • Updated edit codes 537, 837-839, 843, 844, and 892 |
| 07-01-14 | Appendix 1 | 15 | Updated resolution for edit code 349, 369, 509 |
| 06-01-14 | Appendix 1 | 3, 12 | Updated resolutions for edit codes 079, 227, and 239 |

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| 06-01-14 | Appendix 2 | All | Updated carrier codes |
| 05-01-14 | General Table of Contents | 1 | Removed DHHS county office listing |
| 05-01-14 | 2 | 36 | Changed heading from Physical Medicine and Therapy to Physical Medicine and Therapy — Age 21 and Over |
| 05-01-14 | 5 | 1 5 | <ul style="list-style-type: none"> Replaced reference to county office listing with the Where To Go for Help web address Removed DHHS county office listing |
| 05-01-14 | Appendix 1 | 1, 2, 4, 45, 46, 62, 64, 92, 93 | Updated edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984 |
| 04-01-14 | 1 | | Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form |
| 04-01-14 | 2 | 37-38 | Added Physical Medicine and Therapy |
| 04-01-14 | 3 | 1-28 6-17 17 19-20 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version Updated Trading Partner Agreement Updated SC Medicaid Web-based Claims Submission Tool (Web Tool) |
| 04-01-14 | 5 | 10 | Updated Horry County address |
| 04-01-14 | Forms | | <ul style="list-style-type: none"> Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms Removed note on CMS-1500 (02/12) version claim form Removed CMS-1500 (08/05) version claim form |

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| | | | <ul style="list-style-type: none"> Removed Sample Edit Correction Form Updated Sample Remittance Advice |
| 04-01-14 | Appendix 1 | 35 - | <ul style="list-style-type: none"> Added edit code 527 Entire section: <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version |
| 04-01-14 | TPL Supplement | 5 6-8 9-10 10-11 13-14 15-16 22-23 30-31 | <ul style="list-style-type: none"> Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form: <ul style="list-style-type: none"> Timely Filing Requirements Reasonable Effort Nursing Facility Claims Professional, Institutional, and Dental Claims Rejected Claims Recovery Sample Forms – Reasonable Effort Sample Forms – ECF (deleted) |
| 02-01-14 | Cover | - | January 1, 2014 - Replaced manual cover |
| 02-01-14 | 2 | 17 | Updated Speech Evaluation |
| 02-01-14 | 4 | 1-2 | Added and updated speech evaluation tables |
| 02-01-14 | 5 | 9 | Updated Florence County office telephone number |
| 01-01-14 | 1 | 1, 2, 11 6, 23, 25 1-2 4 6 | Updated to reflect the following bulletins: <ul style="list-style-type: none"> Managed Care Organizational Changes dated November 15, 2013 Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013 Updated the following sections: <ul style="list-style-type: none"> Eligibility Determination South Carolina Health Connections Medicaid card |

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| | | 26 29-30 32 32 | <ul style="list-style-type: none"> • South Carolina Web-based Claims Submissions Tool • Retroactive Eligibility • Program Integrity • Recovery Audit Contractor • Beneficiary Explanation of Medical Benefits Program |
| 01-01-14 | 3 | - | Updated entire section to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013 |
| 01-01-14 | 5 | 1 3-4 | Updated the following sections <ul style="list-style-type: none"> • Correspondence and Inquiries • Procurement of Forms |
| 01-01-14 | Forms | | <ul style="list-style-type: none"> • Added CMS-1500 (02/12) version claim form • Added note to CMS-1500 (05/85) version claim form • Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms |
| 01-01-14 | Appendix 1 | | Updated to reflect the following bulletins: <ul style="list-style-type: none"> • Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013 • Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 • Managed Care Organizational Changes dated November 15, 2013 |
| 01-01-14 | Managed Care Supplement | | Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013 |

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| 01-01-14 | TPL Supplement | | <ul style="list-style-type: none"> Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014 |
| 12-01-13 | 5 | 12 | Updated Orangeburg mailing address zip codes |
| 11-06-13 | 4 | 5, 6 | Updated frequency for procedure code 97113 (Individual Aquatic Therapy) |
| 11-01-13 | 5 | 13 | Updated York County mailing address |
| 11-01-13 | MC Supplement | 18 | Replaced BlueChoice MCO Medicaid card |
| 10-01-13 | 5 | 12 13 | <ul style="list-style-type: none"> Updated Orangeburg office and mailing address Updated York County office address |
| 10-01-13 | Appendix 1 | - 5, 39 69 37, 42, 44 | <ul style="list-style-type: none"> Updated CARCs/RARCs throughout section Added edit codes 110 and 725 Deleted edit code 961 Revised edit codes 720, 749, 750, 758, and 759 |
| 10-01-13 | MC Supplement | 20 | <ul style="list-style-type: none"> Added WellCare MCO Medicaid card and contact information |
| 09-01-13 | 5 | 8 10 13 | <ul style="list-style-type: none"> Updated Darlington County zip code Updated Laurens County phone number Updated York County office address |
| 08-01-13 | 5 | 13 | <ul style="list-style-type: none"> Updated York County physical address |
| 08-01-13 | Appendix 1 | 1 50, 51 72 | <ul style="list-style-type: none"> Updated resolution for edit code 007 Updated RARC and resolution for edit codes 820 and 821 Deleted edit codes 954, 955, and 956 |
| 08-01-13 | Appendix 2 | All | Updated carrier codes |
| 07-01-13 | 5 | 8 11 | <ul style="list-style-type: none"> Updated Colleton County office telephone number Deleted Newberry County PO Box address |
| 06-01-13 | 5 | 12 | <ul style="list-style-type: none"> Updated Richland county office telephone number |

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| 06-01-13 | Appendix 1 | 5, 11, 15, 33, 40 30 | <ul style="list-style-type: none"> Updated resolutions for edit codes 107, 219, 339 673, 720 Deleted edit code 577 |
| 04-01-13 | 1 | 6 | Corrected the URL for MedicaidLearning.com |
| 04-01-13 | Appendix 1 | 2 20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69 | <ul style="list-style-type: none"> Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052 Updated CARCs for edit codes 460, 544, 569 Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960 Added edit codes 820, 821 Updated edit code 935, 938, 939 |
| 04-01-13 | Appendix 2 | - | Updated carrier code list |
| 03-01-13 | 2 | 1 4 | <ul style="list-style-type: none"> Updated all references to mental retardation to intellectual disabilities or related disabilities Updated Covered Services |
| 03-01-13 | 5 | 10 | Deleted Jasper County PO Box address |
| 03-01-13 | Appendix 1 | i 2, 38, 70 38, 54, 70 | Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953 |
| 03-01-13 | Managed Care Supplement | 7 | Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations |
| 02-01-13 | 1 | 18 | Updated URL address for the National Correct Coding Initiative (NCCI) |
| 02-03-13 | 4 | 8 | Updated PT/OT/ST codes requiring approval from KePRO |
| 01-01-13 | 5 | 7 9 | <ul style="list-style-type: none"> Added Chester county Zip+4 code Updated Greenville PO Box address |
| 01-01-13 | Appendix 1 | - | Added Change Log for section changes |

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| 12-03-12 | 1 | 6 7-8 27-32 33-41 | <ul style="list-style-type: none"> Updated web addresses for provider information and provider training Revised heading and language to reflect new provider enrollment requirements Updated Program Integrity language (entire section) Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section) |
| 12-03-12 | 3 | 6 10 18, 32, 35 23-24 | <ul style="list-style-type: none"> Updated National Provider Identifier and Medicaid Provider Number Updated fields 17, 17b to add requirement for referring or ordering provider NPI Updated provider information web addresses Updated Electronic Funds Transfer (EFT) |
| 12-01-12 | 2 | 3-6 9 18-19, 29, 30, 33, 34, 35 | <ul style="list-style-type: none"> Updated service limits language Deleted LPN from LPHA Referrals list of professionals Updated frequency for PT/OT/ST services |
| 12-01-12 | 4 | 1, 2, 5, 6 8 | <ul style="list-style-type: none"> Updated frequencies for procedure codes 92507, 92508, 97110, 97113, 97530 Updated the PT/OT/ST checkpoint requirement for KePRO approval |
| 12-01-12 | 5 | 4 11 | <ul style="list-style-type: none"> Updated web address for provider information Updated McCormick county office telephone number |
| 12-01-12 | Appendix 1 | 24, 26, 27, 32, 33 19, 27, 40, 44, 45, 47, 49, 50, 55, | <ul style="list-style-type: none"> Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690 Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926 |

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| | | 56, 57, 59, 60, 61, | |
| 12-01-12 | TPL Supplement | 8, 9, 17 | Updated web addresses for provider information and provider training |
| 11-01-12 | 5 | 1 | Updated Allendale county office address |
| 11-01-12 | Appendix 2 | - | Updated carrier code list |
| 10-05-12 | Forms | - | Updated Duplicate Remittance Advice Request Form |
| 10-01-12 | 1 | 4 | Replaced back of Healthy Connections Medicaid card |
| 10-01-12 | 2 | 18 28 30 32 34 | Updated the following sections to reflect Medicaid Bulletin dated 09/11/12 – Additional Services Performed by KePRO: <ul style="list-style-type: none"> • Group Therapy • Individual Physical Therapy • Aquatic Therapy, Physical Therapy Services • Individual Occupational Therapy • Aquatic Therapy, Occupational Therapy Services |
| 10-01-12 | 4 | 8 | Added new table for PT/OT/ST codes requiring approval from KePRO |
| 10-01-12 | Appendix 1 | - | Updated edit code information through document |
| 08-01-12 | 1 | 2, 8, 9, 12, 13, 15, 25, 34 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 08-01-12 | 2 | 6, 17 | Updated program area contact information to reflect Medicaid Bulletin dated June 29 |
| 08-01-12 | 3 | 1, 22, 28, 31, 35 6, 17, 22 | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 • Updated hyperlink |
| 08-01-12 | 5 | 1 | <ul style="list-style-type: none"> • Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---|--|
| | | 5 | <ul style="list-style-type: none"> Removed fax request information for SCDHHS forms |
| | | 7 | <ul style="list-style-type: none"> Added SCDHHS forms online order information Updated telephone number for Greenville county office |
| 08-01-12 | Forms | - | <ul style="list-style-type: none"> Deleted forms 140 and 142 Updated Duplicate Remittance Advice Request Form |
| 08-01-12 | Appendix 1 | - 1, 24, 60, 65, 66- 67,70-72 15, 31, 69 8, 10, 29, 31 10, 11, 14, 34, 48 | <ul style="list-style-type: none"> Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987 Added edit codes 349, 590, 978, 990, 991-995 Deleted edit codes 166, 205, 573, 574, 593, 596 Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798 |
| 08-01-12 | Managed Care Supplement | 1-2 7 11 17 19 | <ul style="list-style-type: none"> Changed Division of Care Management to Bureau of Managed Care Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 Removed language limiting enrollment to 2500 members Update contact information for Palmetto Physician Connections Added to "Medicaid" to BlueChoice Health Plan |
| 08-01-12 | TPL Supplement | 5, 6, 10,17, 24 | Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012 |
| 07-01-12 | Appendix 1 | 16, 48 45 | <ul style="list-style-type: none"> Deleted edit codes 386 and 868 Added edit codes 837, 838, 839 |
| 07-01-12 | Appendix 2 | - | Updated carrier codes |
| 05-01-12 | Appendix 1 | 62 | Updated edit code 975 |
| 04-01-12 | 1 | 4 | Replaced South Carolina Healthy Connections card |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------|--|
| 04-01-12 | 5 | 11 12 | <ul style="list-style-type: none"> Updated address for Marion County Updated phone number for Newberry County |
| 02-07-12 | Cover | - | Manual cover updated January 1, 2012 |
| 02-07-12 | Appendix 1 | 18 24 30 | <ul style="list-style-type: none"> Updated edit code 402 Updated edit code 544 Updated edit code 636, 637, and 642 |
| 02-01-12 | 3 | 20 22 | <ul style="list-style-type: none"> Added a note regarding The Web Tool Updated the Remittance Advice -835 Transaction |
| 02-01-12 | 5 | 9 | Updated the Fairfield county office number |
| 02-01-12 | Appendix 1 | 18 30 42 49 | <ul style="list-style-type: none"> Updated edit code 402 Updated edit code 636, 637, and 642 Updated edit code 766 Updated edit code 867 |
| 01-01-12 | 1 | 2-5, 20, 24 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 2 | 1, 5 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | 3 | - 23 | <ul style="list-style-type: none"> Updated hyperlinks throughout section Updated EFT information |
| 01-01-12 | 5 | 1 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 01-01-12 | Appendix 1 | 62 - | <ul style="list-style-type: none"> Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 Updated CARCs and RARCs throughout the document |
| 01-01-12 | Managed Care Supplement | 9 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------------|--|
| 01-01-12 | TPL Supplement | 2 | Deleted IVRS Information per “Retirement of Toll Free Eligibility Verification Line” bulletin released 11-18-11 |
| 11-01-11 | 1 | 24 | Updated TPL contact information |
| 11-01-11 | 2 | 28, 32 | Added Supervision Requirements |
| 11-01-11 | 3 | 34, 40, 42 | Updated TPL contact information |
| 11-01-11 | TPL Supplement | 6, 15 12 3, 17, 19 | <ul style="list-style-type: none"> Changed Medicare timely filing requirement to two years and six months Deleted policy to use Medicaid legacy provider number on the same line as the Medicaid carrier code Deleted sample legacy number from UB-04 TPL Fields table Updated TPL contact information |
| 10-01-11 | Appendix 1 | 14, 29 47 | <ul style="list-style-type: none"> Added edit codes 334 and 584 Updated edit code 845 |
| 09-01-11 | 1 | 19 | Deleted information regarding National Correct Coding Initiative |
| 09-01-11 | 5 | 13 | Updated zip code for Spartanburg County office |
| 09-01-11 | Appendix 1 | 15, 29, 30 | Added edit code 361, 591, 596 and 605 |
| 08-01-11 | 3 | - | Updated language throughout section to reflect the current billing policies including claim processing, claim submission, and copayments |
| 08-01-11 | Appendix 1 | 8 | Updated edit codes 165 and 166 |
| 08-01-11 | Managed Care Supplement | 1, 5 | Updated to reflect the new beneficiary copayment requirements in accordance with Public Notice posted July 8, 2011 |
| 07-01-11 | 5 | 13 | Deleted PO Box address for the Spartanburg County Office |
| 07-01-11 | Appendix 1 | 12 43 | <ul style="list-style-type: none"> Updated resolution for edit code 300 Added edit codes 840 and 841 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|---------------------------------|---|
| | | 56 | <ul style="list-style-type: none"> Updated Provider Enrollment Contact information in edit codes 941 and 944 |
| 06-01-11 | 5 | 5 | Corrected Abbeville County PO Box Zip+4 Code |
| 05-01-11 | 1 | 8, 11 | Added language prohibiting payment to institutions or entities located outside of the United States |
| 05-01-11 | 2 | - | Corrected formatting |
| 05-01-11 | Appendix 1 | 43 | Updated edit code 796 |
| 04-01-11 | 2 | 4 16, 17, 27- 29, 31, 33, | <ul style="list-style-type: none"> Added Service Limits section Updated therapy policy effective dates and policies |
| 04-01-11 | 4 | 1, 5 & 6 | Updated codes 92507, 92508, 97110, 97113, 97530, 97113 |
| 04-01-11 | 5 | 6 | Updated telephone number for Beaufort County |
| 04-01-11 | Forms | - | Updated Electronic Funds Transfer Form |
| 03-01-11 | 1 | 7, 9 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 3 | 17, 18, 23, 24 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center |
| 03-01-11 | 5 | 4 5 | Updated to reflect Medicaid Bulletin dated February 9, 2011 – Provider Service Center Added toll free number for Aiken County |
| 03-01-11 | Appendix 1 | - 67 | Added SCDHHS Medicaid Provider Service Center (PSC) information at top of each page in header section Made change to Edit Code 990 description |
| 03-01-11 | Appendix 2 | - | Updated alpha and numeric carrier code lists to reflect Web site update on 12/14/10 |
| 03-01-11 | TPL Supplement | 17 | <ul style="list-style-type: none"> Changed the name of the Provider Outreach Web site to Provider Enrollment and Education |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|---|
| | | 24, 25 | <ul style="list-style-type: none"> Updated the descriptions for Form130s |
| 02-01-11 | Appendix 1 | 3 | Added edit codes 079 and 080 |
| 01-01-11 | 1 | 7 19-20 | <ul style="list-style-type: none"> Updated the South Carolina Medicaid Web-based Claims Submission Tool section Updated to reflect Medicaid Bulletin dated December 8, 2010 – Information on NCCI Edits |
| 01-01-11 | 3 | 17, 21, 22 24 15, 29 22 | <ul style="list-style-type: none"> Updated electronic remittance package information Updated to reflect Medicaid Bulletin dated December 10, 2010 – Reporting Patient Liability on Claims Updated to reflect Medicaid Bulletin dated December 10, 2010 – Requests for Duplicate Remittance Package |
| 01-01-11 | 5 | 13 | Added toll-free telephone number for Saluda county |
| 01-01-11 | Forms | - | Added Duplicate Remittance Request Form |
| 01-01-11 | Appendix 1 | 9 | Added edit codes 165 and 166 |
| 01-01-11 | TPL Supplement | 8, 10 8 10 13 15 15 | <ul style="list-style-type: none"> Removed references to Dental claims Removed language to contact program areas for missing carrier codes Added reference to CMS-1500 for correcting edit code 151 on the ECF Added edit code 165 to other TPL-related insurance edit codes list Updated Retro Medicare section to include the following: <ul style="list-style-type: none"> Changed the timely filing requirement from 90 days of the invoice to 30 days Added SCDHHS TPL recovery language Updated the Retro Health and Pay & Chase section |
| 12-01-10 | Cover | - | Replaced “Medicaid Provider Manual” with “South Carolina Healthy Connections (Medicaid)” |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|------------------------------------|---|
| 12-01-10 | Appendices | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 12-01-10 | Supplements | - | Replaced “South Carolina Medicaid” with “South Carolina Healthy Connections (Medicaid)” in the headers |
| 11-01-10 | 2 | 10 25 29 | <ul style="list-style-type: none"> Updated Progress Summary Notes Updated Physical Therapy Assistants section Updated Occupational Therapist Assistants section |
| 11-01-10 | Appendix 1 | 8 16 32 51 52 | <ul style="list-style-type: none"> Edit code 202: added information to Resolution section Edit codes 421 and 424 deleted Edit code 733 information updated in Resolution section: “Adjust the net charge in field” changed from 26 to 29 Deleted edit code 959 Deleted edit codes 962 and 963 |
| 11-01-10 | TPL Supplement | 3, 8, 13-14, 18-19 6, 15-17 | <ul style="list-style-type: none"> Updated to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest Updated to reflect Medicaid Bulletin dated September 13, 2010 – Changes to the Third Party Liability Medicare Recovery Cycle |
| 10-01-10 | 1 | - 1 7 10 | <ul style="list-style-type: none"> Removed all reference to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program Updated Program Description section Updated the SC Medicaid Web-Based Claims Submission Tool section to reflect Medicaid Bulletin dated July 8, 2010-Transfer of the Dental Program Administration to DentaQuest Updated Freedom of Choice section |
| 10-01-10 | 5 | 11 | Correct McCormick county office street address |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--|--|
| 10-01-10 | Managed Care Supplement | - 1 2 3 4 5 6 13 17 | <ul style="list-style-type: none"> Removed all references to the SCHIP program to reflect Medicaid Bulletin dated August 19, 2010 – Changes to the Healthy Connections Kids (HCK) Program Updated Managed Care Overview Updated Managed Care Organizations and Core Benefits paragraphs Updated MCO Program ID card paragraph Updated MHN Program ID card paragraph Updated Core Benefits Updated Exempt Services Updated Overview Deleted “Medicaid Managed” from “Current Medicaid Managed Care Organizations” heading and following paragraph |
| 09-01-10 | 2 | 1 2-3 3-4 4 6 7 8 8 8 9 9-10 10-11 11 15 16 16 17-18 18 20 21 21 | <ul style="list-style-type: none"> Updated the following sections: <ul style="list-style-type: none"> Beneficiary Requirements Provider Qualifications Supervision/Under the Direction of Covered Services Clinical Records Referrals Release of Information/Consent Bill including changed heading title Evaluations Re-evaluations Individual Treatment Plan (ITP) Clinical Service Notes <ul style="list-style-type: none"> Progress Summary Notes Error Correction Procedures Speech-Language Pathology Services <ul style="list-style-type: none"> Speech Evaluation Individual Speech Therapy Group Speech Therapy including adding a new number of participants requirement Speech-Language Disorders Audiological Services <ul style="list-style-type: none"> Program Description Hearing Aids Tympanometry (Impedance Testing) Acoustic Reflex testing’ threshold |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|--|--|
| | | 21 25 26 29 29 18, 24, 32 | <ul style="list-style-type: none"> ▪ Electrocochleography ○ Physical Therapy Services <ul style="list-style-type: none"> ▪ Physical Therapists ▪ Physical Therapy Evaluation including adding procedure code and description ○ Occupational Therapy Services <ul style="list-style-type: none"> ▪ Occupational Therapists ▪ Occupational Therapy Evaluation including adding procedure code and description • Deleted the Individualized Treatment Plan sections |
| 09-01-10 | 3 | 19 18 36 | <p>Updated the following sections to reflect Medicaid Bulletin dated July 8, 2010 – Transfer of the Dental Program Administration to DentaQuest:</p> <ul style="list-style-type: none"> • Companion Guides • South Carolina Medicaid Web-based Claims Submission Tool • Claim-Level Adjustments |
| 09-01-10 | 5 | 5 8 11 | <ul style="list-style-type: none"> • Removed County Commissioner’s Building from the Aiken County address • Deleted Dorchester County physical address telephone number • Removed Highway 28 N from the McCormick County address |
| 09-01-10 | Appendix 1 | 9 - | <ul style="list-style-type: none"> • Added edit code 225 • Removed all references to the ADA Claim in the Resolution column |
| 09-01-10 | TPL Supplement | 12 13 18 | <ul style="list-style-type: none"> • Updated the Dental Paper Claims section to delete paper claims submission instructions and added the DentaQuest contact information • Updated the Web-Submitted Claims section with the exception to Dental claims • Updated the TPL Resources section to include the DentaQuest contact information for TPL questions |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|------------------------------------|--|
| 08-01-10 | 5 | 5, 9, 11-13 6 | <ul style="list-style-type: none"> Updated the zip codes for Aiken, Edgefield, McCormick, Newberry, and Saluda counties Updated the address for Barnwell County Updated the telephone number for Beaufort County |
| 08-01-10 | Appendix 1 | 20 51, 52 59 | <ul style="list-style-type: none"> Deleted edit code 520 Deleted Provider Enrollment e-mail address from codes 941 and 944 Changed resolution for edit code 994 |
| 07-01-10 | 5 | - | Updated telephone numbers and zip codes for multiple county offices |
| 07-01-10 | Appendix 1 | 32 35 | <ul style="list-style-type: none"> Updated edit code 714 Updated edit code 738 |
| 07-01-10 | Appendix 2 | 21, 22, 25, 63, 89 | Changed First Health to Magellan Medicaid Administration |
| 06-01-10 | Managed Care Supplement | 1 3 17 20, 23, 25 | <ul style="list-style-type: none"> Updated Managed Care Overview section Updated Manage Care Organization (MCO), Core Benefits section Updated the Managed Care Disenrollment Process, Overview section Updated to reflect Medicaid Bulletin dated March 18, 2010 — Managed Care Organizational Change |
| 05-01-10 | 5 | 1 | <ul style="list-style-type: none"> Removed reference to sample form at the end of this section Replaced reference to sample form in the Forms section of this manual |
| 04-01-10 | 2 | 4 4 - | <ul style="list-style-type: none"> Removed heading Eligibility Requirements & placed contents under Beneficiary Requirements Removed references to “mental retardation related disabilities under General Information Section Updated entries, formatting and verbiage under General Information and Private Rehabilitative Therapy & Audiological Services |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-----------------------|-----------------------|---|
| 03-01-10 | Cover | - | Replaced manual cover |
| 03-01-10 | Change Control Record | 1 | Added Time Limit for Submitting Claims Medicaid Bulletin date to sections 1 and section 3 entries dated 12-01-09 |
| 03-01-10 | 2 | 2 11 | <ul style="list-style-type: none"> Updated the Evaluation section Updated the Eligibility Requirements section |
| 03-01-10 | 3 | 3, 18 | Removed modem as an electronic claims transmission method |
| 02-01-10 | Appendix 1 | 13 36 | <ul style="list-style-type: none"> Added New Edit Codes 356, 357 and 358 Updated Edit Code 738 |
| 02-01-10 | Appendix 2 | All | Updated Carrier Code List |
| 01-01-10 | 5 | 5 10 12 | <ul style="list-style-type: none"> Updated Physical Address for Allendale County Office Replaced Jasper County DSS with Jasper County DHHS Replaced Orangeburg County DSS with Orangeburg County DHHS |
| 01-01-10 | Appendix 1 | 49 | Updated Edit Code 932 |
| 12-01-09 | 1 | 8 25 | <ul style="list-style-type: none"> Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package Updated Timely Filing for Submitting Claims section to reflect Medicaid Bulletin dated November 24, 2009 |
| 12-01-09 | 2 | 11 14 | <ul style="list-style-type: none"> Changed the age for HASCI Program participants from between 0 and 60 to between 0 and 65 Updated policy for S9152: Speech Therapy Re-evaluation |
| 12-01-09 | 3 | 1-2 17, 19, 21-24 | <ul style="list-style-type: none"> Updated Claim Filing Timeliness section to reflect Medicaid Bulletin dated November 24, 2009 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|--------------------------|--|
| | | | <ul style="list-style-type: none"> Updated policy to reflect Medicaid Bulletin dated November 13, 2009 – Electronic Remittance Package |
| 12-01-09 | 5 | 8 | Updated the Dorchester County office street address |
| 12-01-09 | Appendix 1 | - - 18, 19 20 | <ul style="list-style-type: none"> Replaced CARC 17 with CARC 16 Updated CARC A1 Updated codes 509 and 510 Added code 533 |
| 11-01-09 | Appendix 2 | All | Updated carrier code list |
| 10-01-09 | 1 | 3-4 4-6 26 | <ul style="list-style-type: none"> Updated the Medicare/Medicaid Eligibility section to include Qualified Medicare Beneficiaries (QMBs) Updated SC Medicaid Healthy Connections language throughout section Updated South Carolina Medicaid Bulletins and Newsletters Changed heading to Medicare Cost Sharing |
| 10-01-09 | 2 | 11-12 | Updated the Eligibility Requirements subsection to include the Qualified Medicare Beneficiary (QMB) policy |
| 10-01-09 | 5 | 10 11 12 | <ul style="list-style-type: none"> Updated physical address for Jasper County office Updated telephone number for Lexington County office Updated zip codes for Orangeburg County office |
| 10-01-09 | Appendix 1 | 3 60 | <ul style="list-style-type: none"> Updated edit code 065 Updated edit code 852 |
| 09-08-09 | Managed Care Supplement | 20 | Replaced the Absolute Total Care Medicaid beneficiary card sample |
| 09-01-09 | Managed Care Supplement | 21 20, 25 | <ul style="list-style-type: none"> Removed all references to CHCcares to reflect Medicaid Bulletin dated August 3, 2009 Updated Absolute Total Care entries as following: |

CHANGE CONTROL RECORD

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|----------|----------------|---|---|
| | | | <ul style="list-style-type: none"> o Changed the company's name to Absolute Total Care o Replaced the beneficiary card samples o Corrected contact information |
| 08-01-09 | 2 | 14-16, 25, 29 | Updated polices to reflect Medicaid Bulletin dated July 1, 2009 – Fee-for-Service and Managed Care frequency limits effective August 1, 2009 |
| 08-01-09 | 4 | 1, 5-6 | Updated procedure codes 92507, 92508, 97110-GP, and 97530-GO to reflect Medicaid Bulletin dated July 1, 2009 |
| 08-01-09 | 5 | 14 | Updated telephone number for York County office |
| 08-01-09 | Appendix 1 | 3 | Updated edit code 062 |
| 08-01-09 | Appendix 2 | - | Updated carrier code list |
| 07-01-09 | 5 | 6, 12 8 9 | <ul style="list-style-type: none"> • Updated address for Bamberg and Orangeburg County offices • Updated office zip code for Darlington County • Updated telephone number for Fairfield County office |
| 06-01-09 | TPL Supplement | 19 | Updated Department of Insurance Web site address |
| 05-01-09 | 1 | 1-6, 11 2 3 5 28-33 | <ul style="list-style-type: none"> • Updated to reflect managed care policies and procedures effective May 1, 2009 • Updated the Eligibility subsection • Added the beneficiary contact telephone number to the South Carolina Healthy Connections Medicaid Card subsection • Removed the program start date from the SC Healthy Connections Kids SCHIP Dental Coverage subsection • Updated the Medicaid Program Integrity subsection |
| 05-01-09 | 5 | 13 | Updated telephone number for Union County office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|-----------------------------|--|
| 05-01-09 | Appendix 1 | 43 | Deleted edit code 694 |
| 05-01-09 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-09 | Managed Care Supplement | - | Updated supplement to include general policies and procedures effective May 1, 2009 |
| 04-01-09 | 1 | 2, 3, 8 | Updated hyperlinks |
| 04-01-09 | 2 | 23, 24, 27, 28 | Deleted references to <i>Group</i> therapy |
| 04-01-09 | 3 | 4-6, 17, 23, 31, 34 | Updated hyperlinks |
| 04-01-09 | 4 | 5 | Deleted Group Physical and Group Occupational Therapy codes. |
| 04-01-09 | 5 | 11 | Updated telephone number for Lexington County |
| 03-01-09 | 2 | 2 | Updated hyperlinks |
| 03-01-09 | 5 | 5 8 5, 11-13 | <ul style="list-style-type: none"> Updated hyperlink Corrected Dorchester County's Orangeburg Road telephone number Change DSS to DHHS in addresses for Abbeville, McCormick, Newberry, and Saluda counties |
| 03-01-09 | Appendix 1 | 43 72 | <ul style="list-style-type: none"> Added new edit codes 693 and 694 Changed edit code 945 Resolution to input "26"modifier in field 18 |
| 03-01-09 | Managed Care Supplement | 1, 7, 10, 17, 23, 25-30, 35 | Updated hyperlinks |
| 03-01-09 | TPL Supplement | 8, 9, 19 | Updated hyperlinks |
| 02-01-09 | 5 | 5 | Updated Allendale County office PO Box zip code |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|-------------|---|
| 02-01-09 | Forms | - | Updated Authorization Agreement for Electronic Funds Transfer (EFT) form |
| 02-01-09 | Appendix 2 | - | Updated list of carrier codes |
| 01-01-09 | 1 | 8 | Updated hyperlink for bulletin.scdhhs.gov |
| 01-01-09 | 5 | 11 | Updated Lee County office address |
| 12-01-08 | 2 | 3 9 | <ul style="list-style-type: none"> Added “Signature and date of signature on evaluations and re-evaluations are mandated requirements” to the General Information section. Added the following statement to the Individual Treatment section: “If the evaluation indicates treatment is needed for the beneficiary, the Medicaid provider of service must write his or her own Treatment Plan upon completion of the evaluation.” |
| 11-01-08 | 1 | 8 | Added e-bulletin information to reflect Medicaid Bulletin dated August 26, 2008 |
| 11-01-08 | 2 | 2 5 8 | <ul style="list-style-type: none"> Added Re-evaluation section, revised first bullet Added re-evaluation to first bullet Updated verbiage for number 3 in CSN |
| 11-01-08 | 3 | 21, 23 | Added EFT information to reflect Medicaid Bulletin dated August 26, 2008 |
| 10-01-08 | 3 | 25 | Changed ECF field 1 to Prov/Xwalk ID |
| 10-01-08 | 5 | 9, 13 | <ul style="list-style-type: none"> Updated address for Lake City Updated phone number for Sumter County office |
| 10-01-08 | Forms | - | Revised ECF example to show update for field 1 |
| 10-01-08 | Appendix 1 | - | Updated edit codes 007, 059, 112, 219, 308, 339, 386, 403, 710, 722, 786, 798, 799, 843, 844, 845, 912, 914, 928, 941, 942, 943, 945, 952 |
| 09-01-08 | 5 | 6 | Updated phone number for Berkeley County office |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|----------------------|---|
| 09-01-08 | 5 | 10 | Updated phone number for Kershaw County office |
| 09-01-08 | Appendix 1 | 17 | Added Edit Code 318 |
| 08-01-08 | 2 | 19 21 | <ul style="list-style-type: none"> Added Acoustic Reflex Testing Information Added Cochlear Implant Information |
| 08-01-08 | 4 | 2 3 | <ul style="list-style-type: none"> Added Acoustic Reflex Testing Procedure Code Added Cochlear Implant Procedure Code |
| 08-01-08 | 5 | 7 | Deleted PO Box for Chester County |
| 08-01-08 | Appendix 1 | 3 | Updated Edit Code 062 |
| 07-01-08 | 5 | 11 | Deleted PO Box for Lancaster County |
| 07-01-08 | Managed Care Supplement | 27 | Replaced Web site address for BlueChoice |
| 06-12-08 | 3 | - | Corrected formatting throughout section |
| 06-01-08 | 3 | 6, 13, 15, 16, 21 | Updated NPI policy and form instructions to reflect May 23, 2008, deadline requiring NPI only on claims for typical providers |
| 06-01-08 | 5 | 12 | Updated telephone number for Orangeburg county office |
| 06-01-08 | Appendix 1 | 30, 39, 42 | <ul style="list-style-type: none"> Added new edit code 529 Deleted NPI warning edits 578, 579, 580, 581, 582, 583, 692 |
| 06-01-08 | TPL Supplement | - | Updated Example Dental Claim Form Reporting Third-Party for Medicare Information to show NPI only; change/removed sample entries for fields 8, 15, 23, and 49; and added a tooth number to line 4 |
| 05-01-08 | Managed Care Supplement | - | Revised supplement to include general policies and procedures effective May 1, 2008 and updated the SCDHHS-approved MCO contractors section |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|-----------------------------------|--|
| 04-01-08 | 2 | 4-5 | Added information about location of supervising entities |
| 04-01-08 | 5 | 8 | Updated address and phone number for Dorchester County office |
| 04-01-08 | Appendix 1 | 4, 13, 20, 33 | Added new edit codes 062, 219, 339, 528 |
| 04-01-08 | TPL Supplement | 2 3, 8, 15 12 29 | <ul style="list-style-type: none"> Updated reference to Medicaid card name Changed references to location of forms from Section 5 to Forms section Updated field numbers for occurrence codes on UB-04 Replaced sample ADA form with more attractive version |
| 03-01-08 | 1 | 3-5 7 | <ul style="list-style-type: none"> Replaced sample Partners for Health Medicaid card with new Healthy Connections card and updated card information. Deleted information about location of supervising entities – requirements will be included in Section 2 where applicable |
| 03-01-08 | 3 | 6-17 All | <ul style="list-style-type: none"> Updated NPI policy and form instructions to reflect March 1, 2008, deadline requiring NPI on claims for typical providers (with or without Medicaid legacy number). Standardized naming and address formats |
| 03-01-08 | Forms | - | Replaced Form 931 with new version dated January 2008 |
| 03-01-08 | Appendix 1 | 59 70 | <ul style="list-style-type: none"> Added edit code 808 Revised edit code 943 description and status (from warning to active) |
| 03-01-08 | TPL Supplement | 9 21-22 | <ul style="list-style-type: none"> Added information on carrier code “CAS” for open casualty cases Replaced Form 931 samples with new versions |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|-------------------------|---------------------|--|
| 02-01-08 | 2 | 14, 28-29 | Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008. |
| 02-01-08 | 4 | 1, 5 | Updated codes and descriptions for WHFO and Speech Re-evaluation in accordance with Medicaid Bulletin dated January 29, 2008. |
| 02-01-08 | 3 | 9 27, 30 43 | <ul style="list-style-type: none"> Corrected instructions for field 10b Standardized references to six-character legacy Medicaid provider number Corrected mailing address for refunds |
| 02-01-08 | 5 | 1 | Removed “including Partners for Health” from first paragraph |
| 01-01-08 | 5 | 10 | Updated address for Lancaster County office |
| 01-01-08 | Managed Care Supplement | 1 3 | <ul style="list-style-type: none"> Removed PhyTrust from the list of MHNs Added Carolina Crescent to the list of MCOs |
| 11-19-07 | 2 | 11-28 | Updated policies and procedures in accordance with Medicaid Bulletin dated November 14, 2007. |
| 11-01-07 | 5 | 9, 10 10 | <ul style="list-style-type: none"> Updated telephone numbers for Florence and Kershaw counties Updated Horry County address to 1601 11th Ave., 1st Floor |
| 11-01-07 | Appendix 1 | All | <ul style="list-style-type: none"> Corrected ECF field numbers throughout edit resolution instructions Added new edit code 107 |
| 11-01-07 | Appendix 2 | All | Updated list of carrier codes |
| 10-01-07 | 1 | 1-2 3 4 12 | <ul style="list-style-type: none"> Removed PEP information Added information about managed care enrollment broker and Managed Care Supplement Removed managed care sample cards (cards and other information will appear in the new Managed Care Supplement). |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|----------------|------------------------|---|
| | | 15 25 | <ul style="list-style-type: none"> Clarified that “days” refers to business days Clarified which sections of manual may contain PA information Expanded provider list under Program Integrity |
| 10-01-07 | 3 | 11, 43 | <ul style="list-style-type: none"> Removed PEP information Added 90-day time limit for reversing refunds |
| 10-01-07 | Appendix 1 | 26 38-40, 43, 70 | <ul style="list-style-type: none"> Corrected description for edit code 502 Added NPI warning edits 578-583, 692, 943 |
| 10-01-07 | - | - | Added Managed Care Supplement |
| 10-01-07 | TPL Supplement | 15-17 | <ul style="list-style-type: none"> Added 90-day time limit for reversing refunds Added information on Part B timely filing schedule to explain which claims are pulled into Retro Medicare |
| 07-01-07 | 1 | All | Revised policies and procedures throughout section |
| 07-01-07 | Forms | - | Updated DHHS Form 205 |
| 07-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 06-01-07 | 3 | - | Removed Time Restricted Supplement |
| 06-01-07 | 3 | All | <ul style="list-style-type: none"> Updated form completion instructions for new CMS-1500 and Form 130 versions Updated ECF and RA descriptions Added information about National Provider Identifier Replaced Reference to Forms 110 and 120 with Form 115 Clarified retroactive eligibility policy Updated ECF correction instructions Added CPT and HCPCS ordering information Made minor editorial changes throughout section |
| 06-01-07 | Forms | - | <ul style="list-style-type: none"> Updated DHHS forms to add National Provider Identifier field |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| | | | <ul style="list-style-type: none"> Updated sample claims to new CMS-1500 version Updated ECF and remits to new versions |
| 06-01-07 | 5 | 3-4 6-8 12 - | <ul style="list-style-type: none"> Revised “Procurement of Forms” to address new CMS-1500 version and updated vendor information Added toll-free number for Berkeley, Charleston, and Darlington county offices Updated phone number for Oconee County Split forms and exhibits from Section 5 to create separate Forms section |
| 06-01-07 | Appendix 1 | - | Updated list of edit codes |
| 06-01-07 | TPL Supplement | All | <ul style="list-style-type: none"> Updated all sample forms and claims with new versions Updated form completion instructions to match new form versions |
| 05-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | 5 | 8 | Updated phone number for Darlington county office |
| 04-01-07 | Appendix 1 | - | Updated list of edit codes |
| 04-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 04-01-07 | Time Restricted Supplement | - | Updated date for mandatory use of revised CMS-1500 |
| 03-01-07 | 5 | 6 | Updated Barnwell county office address |
| 03-01-07 | Time Restricted Supplement | All | Removed all references to NDC quantity and unit |
| 03-01-07 | Appendix 1 | - | Updated list of edit codes |
| 02-01-07 | TPL Supplement | 31-32 | Updated ECF Samples to show third payer line |
| 01-01-07 | 3 | - | Added Time Restricted Supplement |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
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| 01-01-07 | 5 | - | Added line “03” to sample ECF for the third payer declaration |
| 01-01-07 | Appendix 1 | 9, 14 | Added Edit Codes 202, 203, 204, 301 |
| 01-01-07 | Appendix 2 | - | Updated list of carrier codes |
| 11-01-06 | 5 | - | Updated county office addresses |
| 10-01-06 | 5 | - | Updated county office addresses |
| 10-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 09-01-06 | 5 | - | Updated county office addresses |
| 09-01-06 | Appendix 1 | 10, 11, 3 15, 17, 18 22, 23, 24 26, 27, 28 29, 30, 31 32, 35, 36 39, 40, 41 42, 46, 47 48, 49, 50 52, 58, 60 61, 62, 63 66, 67 | <ul style="list-style-type: none"> Updated CARCs for edit codes 504, 561, 562, 563, 636, 923, 940, 949 Updated RARCs for edit codes 207, 208, 227, 234, 239, 263, 317, 369, 377, 421, 501, 504, 505, 507, 508, 515, 541, 545, 553, 564, 570, 672, 674, 709, 714, 719, 721, 722, 748, 749 Updated resolutions for edit codes 761, 764, 765, 768, 769, 771, 772, 773, 774 Added new edit codes 518, 724 Deleted edit code 777 |
| 08-01-06 | - | - | Added TPL Supplement |
| 08-01-06 | 5 | - | Updated Reasonable Effort Documentation form |
| 07-24-06 | 2 4 | 17 2 | Replaced code 92510 with updated 2006 CPT Code 92626 |
| 07-24-06 | 2 4 | 17-20 2-4 | Updated frequency limitations in accordance with Medicaid Bulletin dated July 24, 2006 |
| 07-01-06 | Appendix 1 | 23, 60, 61 | Updated resolution for edit code 504, 923, 940 |
| 07-01-06 | Appendix 2 | - | Updated list of carrier codes |
| 05-01-06 | Appendix 1 | 52 | Updated resolution for edit code 852 |

CHANGE CONTROL RECORD

| Date | Section | Page(s) | Change |
|----------|------------|--------------------------------|---|
| 04-01-06 | 1 | 43 | Updated resolution for edit code 735 |
| 04-01-06 | 2 | - | Updated list of carrier codes |
| 03-01-06 | 3 | 14, 15 16 21 21 36 | <ul style="list-style-type: none"> Changed the Trading Partner Agreement (TPA) and the Companion Guides Web site references to www.dhhs.state.sc.us Changed the Internet Explorer version required for the Web Tool to 6.0 Added TPL indicators to the ECF field 4 description Added Injury Code indicators to the ECF field 5 description Changed address name for refund checks (Form 205) from Division of Finance to Cash Receipts |
| 03-01-06 | Appendix 1 | 60 | Changed resolution for edit code 925 |